

LEERS DIVORCE WORKSHEET												
COURT FILE NUMBER:												
STATE FILE NUMBER:												
H U S B A N D	HUSBAND'S NAME - LAST				FIRST		MIDDLE			SUFFIX	DATE OF BIRTH (MM / DD / YY)	
	SOCIAL SECURITY NUMBER:											
	PLACE OF BIRTH	COUNTRY				STATE/ TERRITORY/ PROVINCE				CITY		
	RESIDENCE	COUNTRY				STREET ADDRESS						APT. NO.
STATE												
PARISH/COUNTY				CITY, TOWN, OR LOCATION				ZIP CODE				
W I F E	WIFE'S NAME - LAST				FIRST		MIDDLE			SUFFIX	DATE OF BIRTH (MM / DD / YY)	
	SOCIAL SECURITY NUMBER:											
	PLACE OF BIRTH	COUNTRY				STATE/ TERRITORY/ PROVINCE				CITY		
	RESIDENCE	COUNTRY				STREET ADDRESS						APT. NO.
STATE												
PARISH/COUNTY				CITY, TOWN, OR LOCATION				ZIP CODE				
M A R R I A G E	PLACE OF THIS MARRIAGE	COUNTRY		STATE/ TERRITORY/ PROVINCE			COUNTY		CITY			
	DATE OF THIS MARRIAGE (MM / DD / YY)	DATE OF LAST RESIDENCE IN THE SAME HOUSE (MM / DD / YY)			NUMBER OF CHILDREN UNDER 18 IN THE HOUSEHOLD AS OF LAST DATE OF RESIDENCE <input type="checkbox"/> NUMBER <input type="checkbox"/> NONE				PETITIONER <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER			
L E G A L	PETITIONER'S ATTORNEY NAME - LAST				FIRST			MIDDLE			SUFFIX	
	ATTORNEY	ADDRESS	COUNTRY		STATE/ TERRITORY/ PROVINCE		COUNTY		CITY		BAR ROLL NUMBER	
D E C R E E	DECREE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		DATE OF DECREE (MM / DD / YY)			DATE RECORDED (MM / DD / YY)		TYPE OF DECREE <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)				
	NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> NO CHILDREN											
		PARISH OF DECREE		FACILITY		TITLE OF COURT		I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON (MONTH, DAY, YEAR)				
A S S I G N M E N T	CERTIFIER TITLE <input type="checkbox"/> CLERK OF COURT <input type="checkbox"/> DEPUTY CLERK OF COURT <input type="checkbox"/> OTHER		CERTIFIER NAME			SIGNATURE OF CERTIFYING OFFICIAL			DATE CERTIFIED (MM / DD / YY)			
	ADDRESS OF CERTIFIER		COUNTRY		STREET ADDRESS			APT. NO.		DATE FILED BY STATE REGISTRAR (MM / DD / YY)		
		STATE		CITY, TOWN, OR LOCATION			ZIP CODE					
CONFIDENTIAL	THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD											
H U S B A N D	HUSBAND – NUMBER OF THIS MARRIAGE			HUSBAND'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)  <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				HUSBAND'S RACE (Check one or more races to indicate what race the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____				
	IF PREVIOUSLY MARRIED REASON LAST MARRIAGE ENDED  <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)											
	DATED ENDED (MM / DD / YY)											
W I F E	WIFE – NUMBER OF THIS MARRIAGE			WIFE'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)  <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				WIFE'S RACE (Check one or more races to indicate what race the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____				
	IF PREVIOUSLY MARRIED REASON LAST MARRIAGE ENDED  <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)											
	DATED ENDED (MM / DD / YY)											